MULTIPLE DE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

CLAIMS

SERIAL NO. FILING DATE

APPLICANT(S)

	(FOR USE WITH FORM PTO-875)										
	ASF	FILED		TER	AFTER						
1	IND. DEP.			I"AMENDMENT		2 MAMENDMEN					
1	7	DEP.	IND.	DEP.	IND.	DE					
2		1				 					
3 4		-									
5		1,									
6		7									
7		7									
8 9		-									
10											
11		=+									
12											
13 14											
15		=+									
16		,									
17											
18	1 1					\neg					
20	1										
21											
22	-1					\dashv					
23											
25 /											
26	11					\dashv					
27 28 /						\dashv					
29	+,				I	\exists					
30	17					_					
31	1			1	+	\dashv					
32						J					
34	17	 		-		4					
35	1	1	 	┪	 	-{					
36					1	1					
38	,]					
39	4,1,	 	 -	 	 	-					
40			 		 	1					
41 42						1					
43						l					
44	1										
45						•					
46	-\-										
48											
49											
50											
TOTAL DOD	+		#	T	#						
TOTAL DES	(-		+ [•	-						
CLADES 2				į		l					
1/					4 20 00 00	•					

PTO- DO (DEV. 1049)

ER	CDAI	7					·		
DMENT	1	1	AS	AS FILED		AFTER		AFTER	
DEP.]	1	IND.	DEP.		ENDMENT	2 AMI	ENDMENT	
	1	51	1	DEr.	IND.	DEP.	IND.	DEP.	
	1	52		1	 	 			
	ĺ	53			 	 			
		54							
		55							
	- 1	<u>56</u> 57							
	ı	58							
		59							
		60							
-	-	61.							
	-	62		4 .					
\dashv	<u> </u>	63							
\neg	<i>-</i>	65							
		66							
		67							
		68							
		69							
		70							
		71 72							
-	_	73						\neg	
7		74	 						
]		5							
4	7	6							
-{	7								
-{	7								
1	79 80				·			7	
1	81								
1	82							_	
1	83			- 				_	
f	84					- 			
	85						 	-1	
	86 87						1	1	
	88]	
	89	1	 	- 		-		1 .	
	90		 	1		 	 	-1	
	91			1	 	1	 	1	
	92	- 				1	 	1	
- 1	93 94	 	 					1	
· }	95	1	 	 	 				
f	96	1	 	 					
	97				 				
	98					 			
-	99			· ·					
-	100]						
<u> </u>	OTAL DOD		+		+		#		
- -	TAL DET		-		+		(
	TAMES							-	
		α	S. DEPARTA	CENT of COS	OCERCE		-		
				Office	1				